

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| Establish | ment Nam | e | | I m | | | |
|---|--------------|-------------|---|--|------------------------------|---------------------|------------|
| L | Pasti | MC | mber and street, city, state, zip code) | Telephone Number | Date of (mm/do | Inspection l/yr) | ID# |
| Establish | ment Addı | ess (n | imber and street, city, state, zip code) | () Establishment () 2- 9 45-9055 () Owner | | | 18- |
| 424 | 1 E. / | Mari | Ket St New Albany, IN 4715 | Owner (2.2) | 12- | 11-19 | 185 |
| Owner | | | | 812-944-6220 | | | • |
| | <u>Gran</u> | 1 (| 3. Rickard Jr. | Purpose: | Follow-up Release Date | | |
| Owner's / | Address | | | 1. Routine | NO 10 days | | |
| | | | | 2. Follow-up | Summary of Violations: | | |
| Person in | Charge | C | A 1 | 3. Complaint | 1 ~ | _ | / |
| | | <u> </u> პa | m Achenbach | 4. Pre-Operational | CO NCO RO | | |
| Responsib | le Person's | E-ma | il | 5. Temporary | Menu Type (See back of page) | | |
| | | | | 6. HACCP | Menu T | ype (See back of | page) |
| Certified F | ood Hand | ler | 1 | 7. Other (list) | | / | _ |
| | | | n/a | | 12 | 23_\sum_4 | 5 |
| • CRITICAI | L PTEMS AT | RE IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M | FARITA CON | L | | |
| • VIOLATIO | ON(S) REPE | ATED | FROM PREVIOUS INSPECTIONS 1 TO THE COLUMNS M | IAKKED "C" | | | |
| Section# | C/NC | R | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI | MMARY OF VIOLATIONS" AN | D IN THE | NARRATIVE BE | LOW AS "R" |
| | CIAC | 1 | Narrative Narrative | | | To Be Corr | |
| | - | | | | | | |
| | | | - No violations- | | | | |
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| Est, has decided to cease food service. | | | | | | | |
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| | | | Please contact field it an | 7 Icon service | | | |
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| | | | COLJ ATE I | | | | 1 |
| - contact ATF to comply with their food ruks- | | | | | | | |
| | | - | tood rules- | _ | | | |
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| | <u></u> | 1 | | rected by (signature); | 2. | | |
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